

New, Cheap & Deadly

Kentucky's drug abusers find new ways to get high with unexpected consequences

ABBIE DARST | PROGRAM COORDINATOR

Actions of insanity, disconnection from reality and extremely bad judgment characterizes nearly everyone addicted to the host of available drugs carousing the streets of Kentucky's communities.

Addicts, driven either by drug-induced, shrouded reasoning or a desperate need for their next high, have always challenged law enforcement, keeping them on their toes. But it seems as law enforcement fights back, cracking down on the biggest drug issues in their communities, the abusers gain ingenuity and turn to different or newly-concocted drugs to fulfill their manic substance desperation.

Often the new thing to hit the streets is simply a substitute to provide the abuser the same type of high as an old drug. Designer drugs, one of the newest drug fads, is a term used to describe drugs created or marketed to get around existing drug laws, usually by modifying the molecular structures of existing drugs to varying degrees. Last April, two laws were signed banning Salvia

and K2, previously legal versions of drugs somewhat similar to marijuana.

Designer drugs allow substances with extremely harmful side effects to be sold at local convenient stores, gas stations and "head shops." This 24/7 access can lead to deadly consequences. A sheriff's deputy from Mississippi, responding to a disturbance call, was killed reportedly by an offender under the influence of one of the newest designer drugs to hit the streets — psychoactive bath salts. In that case, six men allegedly were needed to subdue the assailant, who at one point broke free of heavy medical tape and straps binding him to a gurney.

Across the country, reports of the behavior of individuals under the influence of these bath salts ranges from a man who repeatedly slashed his face and abdomen with a skinning knife, to an extended skirmish in which a would-be burglar was Tased twice and twice yanked out probes while continuing to fight violently. In another instance, a 21-year-old male slashed his

throat then shot and killed himself after three sleepless days and nights on a bath-salts high. Paranoid and intermittently delirious, the last night he reportedly hallucinated that the family's house was surrounded by police helicopters and dozens of squad cars.

Here in Kentucky, a mother said to be high on bath salts was found wandering on Interstate-24 in Marshall County with her two young children, one of which she dropped on the side of the road at some point and was found with a large head laceration.

Abusers of this drug exhibit dangerously out-of-control behavior that is very similar to what officers have confronted in trying to deal with excited delirium subjects, said national excited delirium researcher Chris Lawrence. (For more information on excited delirium, see Issue 33, available on DOCJT's website.) Similar to excited delirium subjects, bath salts abusers in worst-case scenarios exhibit signs of profound paranoia, agitation, hallucination, super strength and energy, exceptionally high pain tolerance and potentially lethal combativeness, he said.

By mid February, the Kentucky Regional Poison Control Center said there had been 45 bath salt overdoses since the beginning of the year. Realizing the severity of the problem, in March, Gov. Steve Beshear signed emergency legislation banning MDPV and mephedrone, the two manufactured drugs found in the bath salts, which also have been marketed as plant food.

As if the mephedrone bath salts were not dangerous enough on their own, Marshall County Sheriff Office's Detective Kevin Mighell said some abusers are mixing bath salts and methamphetamine or using bath salts as a cutting agent for meth.

"The dangers with [bath salts] are so great ... it gives the same effects of Ecstasy," Mighell said. "My big concern right now is you've already got methamphetamine, which is an extremely dangerous drug by itself, and then you're going to mix it with these bath salts, which are extremely dangerous. I don't know what kind of effects we can expect with it. ... It's going to be extremely unpredictable."

Though the law has been in effect for several months, Ashland Detective Brian Clark said it may not curb the use of bath salts across the state.

"Sometimes when you make something untouchable, it becomes more attractive," he said. "I think people are just trying to find ways to get high, to become intoxicated, be under the influence of something, and they're willing to stick anything in their nose or smoke anything that you give to them. Who would have ever thought that you'd take bath salts and snort them up your nose?"

"Law makers are not going to be able to make every chemical out there illegal," he continued. "What if you snorted Motrin up your nose, what's that do to you? You can make laws, but some common sense [has to be used]."

LEGAL LOOPHOLE

From Fulton to Floyd County, Kentucky's most >>



▲ This container of Tranquility concentrated bath salts is one of numerous types of a substance that contains MDPV or methadone that has recently been scheduled as a controlled substance. These type of containers had been sold legally at convenient stores and head shops across Kentucky.

>> widespread drug problem doesn't deal with illegal substances, but those that can be picked up at the local pharmacy — prescription pills. More than 80 people die every month from drug overdoses in Kentucky, Beshear announced in April, surpassing car crashes as the leading cause of accidental death in our state.

"The problem with prescription drugs is that they are legal to possess as long as the person has a prescription," Clark said. "A lot of people want to stay in that area. Plus there's a lot of money in prescription drugs. The risk is lower, the reward is just as good. ... It's just what they've been drawn to for the fact that it's easy to get them, they can possess them legally and they've kind of cornered the market on it.

"If I, as a police officer, go up to citizen X and they have a prescription bottle with their name on it, they can carry it all day long in their pocket and it's perfectly legal for them to do that," he continued. "If I find them and they have marijuana or crack cocaine, well I immediately can arrest them on that."

In an effort to curb abuse and fatal overdoses, Purdue Pharma, the makers of Oxycontin, recently reformulated the drug to make it difficult to manipulate. Instead of becoming powdery when crushed, it will break into chunks that cannot be snorted. If the pills are melted down for injection, they become gummy, one University of Kentucky researcher said.

"But they'll find a way," Clark said. "People are smart and they get a lot of information off of the Internet. Someone will put something out there about how to do it."

In the meantime, many Oxycontin addicts are looking for a drug to replace the sensation they get from the pills.

A mother of two young children in Louisville found that replacement in Opana, an extended-release formula of oxymorphone. After locking her two toddlers outside during a severe thunderstorm while she slept in a back bedroom, she admitted being addicted to Opana. Opana and alcohol also played

a role in the deaths of two former golf pros from Louisville in January.

"Opana is showing up like crazy," said Sgt. John McGuire, with Louisville Metro police's prescription investigations team. "It's going from something we didn't see at all to something anyone can get fairly easily."

Opana is not a new drug, though. It has been available for decades, mostly in liquid form in hospitals, prescribed for chronic pain. What is new is its availability since going to pill form in recent years, leading to higher levels of abuse and addiction across the commonwealth.

But Opana, or oxymorphone, has very different effects on users than Oxycontin. Similar to methadone, Opana has a much more depressing affect and is a respiratory depressant. Especially when taken with alcohol or other depressants, Opana can cause respiratory failure — a problem only heightened if the user has never taken an opiate before, McGuire said.

"My fear with Opana is in-custody deaths," McGuire said. "If an officer has someone in custody and he or she becomes lethargic or begins snoring loudly and the complaint involves Opana or something doesn't seem right, I would encourage officers to take the individual to a hospital.

"Many of the overdoses we've seen are people with a history of abusing narcotics, but they think [Opana] is like Oxycontin, but it acts totally different," he continued.

Like many other prescription medications, Opana is not just appearing on Kentucky's streets from Kentucky doctors' prescriptions and pharmacies, but is part of the pill pipeline from >>



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► Prescription pills, like this 80 mg Oxycontin, have been heavily abused across the commonwealth. Prescription drug abuse remains the No. 1 drug epidemic plaguing Kentucky.

PHOTO BY ELIZABETH THOMAS

>> southern states such as Florida, McGuire said. With Florida's lack of a tracking system, many of Kentucky's resident drug abusers are traveling to Florida to obtain and fill prescriptions to support their habit, Clark said.

"From somebody that is doing the dirt work so to speak ... [Florida is] making a lot of money off of people from Kentucky, Ohio and Tennessee — it's almost like that's another form of tourism for them," he said. "People are going down there and the trips may cost them \$500 or \$1,000, but that's money going to [Florida] and what happens down there doesn't necessarily affect [the state of Florida] because the problem comes here."

In April, Beshear testified before a congressional panel about the pill pipeline from Florida, after weeks of urging Florida Gov. Rick Scott to implement a monitoring system in the state.

"In October 2009, during the state's largest drug bust, Kentucky law enforcement officials arrested more than 500 people in connection with diverting prescription drugs, all of whom had a Florida connection," Beshear said.

Although Scott was initially against a monitoring system because of privacy concerns, at the April hearing he announced he was moving ahead with the implementation of a prescription-drug monitoring system.

"This is great news for Kentucky and could save thousands of lives," Beshear said of Scott's decision.

CHEAP BUT COSTLY ALTERNATIVE

But, such monitoring systems are only helpful for prescription tracking. In many places across the country, Oxycontin addicts have turned from the reformulated pill to a cheaper, stronger replacement — black tar heroin. Immigrants from Xalisco, in the Pacific Coast state of Nayarit, Mexico have brought a potent form of heroin into numerous cities and towns across the United States, including Kentucky-bordering Huntington, W.Va. Xalisco dealers have been particularly successful in areas where addiction to prescription painkillers like Oxycontin was widespread,

because it is cheaper and more powerful than the pills.

Overall, Mexican heroin is becoming more pervasive in the United States than Colombian heroin and is not associated with the heightened violence of the larger cartels. Unlike traditional heroin cartels, the Xalisco business model hinges on convenient home delivery, customer service and satisfaction and discounts for referrals. However, because black tar is about 70 percent pure, its arrival to an area is said to be marked with a sharp rise in overdose deaths.

In Ohio, where Columbus is a central hub for Xalisco networks, black tar has contributed to one of the country's worst heroin problems. Over the past decade, heroin overdoses rose more than threefold to 229 in 2008, according to the Ohio Department of Health. The number of heroin addicts admitted to state-funded treatment centers has quintupled, to nearly 15,000.

While there is absolutely nothing new about drug abuse and addiction in Kentucky, the methods abusers are using and the types of substances they are experimenting with is a constantly-changing cycle that forces law enforcement officers to keep a keen eye on the market and trends. Whether manufactured in an eastern Kentucky trailer, grown on plains in Mexico, picked up at a local head shop or purchased at a pain clinic in Florida, Kentucky officers know the devastating effects these drugs have on the citizens they are sworn to protect. And it's not just Kentucky citizens — these drugs know no borders, forcing officers to constantly stay up to date on drug trends not just across the street, but also across the country and across the world. 🍌

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UNITE Honors Law Enforcement for 'Rising Above' in Fight Against Drugs

DALE MORTON | UNITE COMMUNICATIONS DIRECTOR

Communities "breaking down silos" to effectively tackle the region's drug problem can't be underestimated, the nation's top drug official told UNITE coalition members during his visit to Kentucky.

"You can really see and really feel the power of people working together, trying to make sure young people aren't involved in drugs," said Gil Kerlikowske, White House Director for Drug Policy. "The important part is that so many community groups are working together and don't have barriers."

More than 375 people representing coalitions from across southern and eastern Kentucky attended the celebration dinner and roundtable to hear Kerlikowske speak about the nation's efforts to combat substance abuse — particularly strategies dealing with prescription drug abuse and diversion — and to help honor those whose leadership efforts inspire and motivate others.

"We are at ground zero. Our backyard is the battleground of the drug epidemic," said Fifth District Congressman Harold "Hal" Rogers, who created UNITE in 2003, in response to an epidemic prescription drug problem raging in his 29-county district. "You can't turn on the six o'clock news or pick up your morning paper without seeing a story about meth labs or drug-related crimes."

"At the same time," Rogers continued, "adversity is being harnessed into hope. UNITE volunteers have stood up and said: 'Enough!' We are taking back our communities here and now. We are doing our part through law enforcement, treatment and education, but it's not enough. We need the full attention of (the Office of National Drug Control Policy) to get involved with us and walk shoulder to shoulder with us in this fight."

"We are not denying we have a problem — we laid our problems out on the table, on display for the nation to see. But Director Kerlikowske, we want you to understand we have a capable and willing army that stands ready to fight this battle," Rogers concluded. "I view Operation UNITE as a national model. It can be copied in any region of our country where communities are willing to work for a better future — like we have here. UNITE is reshaping our future generations and the way they think about drug abuse, and it's working."

Kerlikowske, who has served as director for the Office of National Drug Control Policy since May 2009, coordinates all aspects of federal drug control programs and implements the president's national drug control strategy, said substance abuse knows no boundary.

He hailed the three-pronged efforts of UNITE — investigations, treatment and education — as being a model for other areas of the country being hit hard by prescription drug abuse, and praised the spirit of "people so committed and willing to work together" for a common cause.

During Kerlikowske's visit, four individuals or agencies serving southern and eastern Kentucky

were honored by Operation UNITE for inspiring leadership in the field of law enforcement.

The Rising Above leadership awards were presented by Kerlikowske and Rogers.

Those receiving the honors were the London Residence Agency of the federal Drug Enforcement Administration, Kentucky State Police Detective Chris Fugate, Monticello Police Chief Ralph W. Miniard, and Letcher County Sheriff Danny Webb.

"The London Resident Agency of the Drug Enforcement Administration has been an invaluable resource not only to Operation UNITE, but numerous other city and county agencies that don't have the ability to combat illegal drug trafficking on their own," said Dan Smoot, law enforcement director for UNITE.

Accepting the award were Residence Agent In Charge Kyle Scott and Assistant Special Agent In Charge Tom Gorman.

Fugate, a 19-year veteran with the Kentucky State Police, is presently assigned to the Appalachia HIDTA Task Force in Hazard.

"Detective Fugate and his team have been highly successful in locating and dismantling several out-of-state pill pipeline trafficking organizations that were responsible for distributing hundreds of thousands of pain pills within eastern Kentucky," Smoot said.

Chief Miniard served his country as a U.S. Marine during the Vietnam War. After being wounded in action, he returned to Wayne County and has served with the Monticello police for more than 33 years. Information from Chief Miniard and his officers led to the discovery of 34 methamphetamine labs in 2010 alone, and he has assisted UNITE detectives on a daily basis to apprehend drug traffickers in the county, Smoot said.

Sheriff Webb served the commonwealth for three decades with the Kentucky State Police, rising to the rank of captain, prior to becoming Letcher County sheriff. Before that, he served in the U.S. Army during the Vietnam War where he was awarded the Bronze Star.

Now in his third term as sheriff, Webb currently serves as an Executive Board member for Appalachian HIDTA and is co-chairman for the Letcher County UNITE Coalition. 🍌

For more information about Operation UNITE visit the website at www.operationunite.org.



Is It Legal... or Not?

SHAWN HERRON | STAFF ATTORNEY, DOJT LEGAL TRAINING SECTION

As part of the Controlled Substances Act of 1970, Pub.L. 91-513, two federal agencies, the U.S. Drug Enforcement Administration and the Food and Drug Administration, were tasked with the responsibility of assigning substances to classifications, called schedules. The criteria for scheduling drugs takes into consideration its potential for abuse, its accepted medical use and federal treaties. Inclusion on one of the schedules has an impact on how that medication may be prescribed, as prescribing controlled substances requires that the doctor or other prescriber have a DEA number.

Kentucky mirrors federal law in how it assigns drugs to schedules and lists the drugs that are controlled both by statute and regulation. In KRS 218A.020, Kentucky places the responsibility on the Cabinet for Health and Family Services to administer the chapter. However, many officers do not realize that statute also permits the CHFS to add, delete or reschedule any of the substances in the chapter, by regulation, and provides specific criteria for substances to be regulated. Specifically, the CHFS has the ability to adjust the list by regulation when notified that federal law has done so and has taken advantage of this statute to classify a number of drugs as controlled

substances under 902 Kentucky Administrative Regulations, Chapter 55. (<http://www.lrc.ky.gov/kar/TITLE902.HTM>)

As such, to discover if a particular drug is scheduled as a controlled substance under Kentucky law, an officer should first find out its actual active chemical composition. There are numerous Internet resources and even cell phone applications to assist in doing so. For example, Xanax, a Schedule IV drug by Kentucky regulation, has a high potential for abuse, but if it is identified, either by the individual in possession of it or by the label on the bottle as alprazolam, would it be immediately recognized by an officer as a controlled substance? With the multitude of prescription drugs available which have a high potential for abuse, identifying a prescription drug as a scheduled controlled substance can be difficult. In addition, plants, herbs or herbal concoctions that are sold as, or believed to be, legal may in fact contain

Websites
<http://www.rxlist.com>
<http://www.drugs.com/>
<http://www.webmd.com/pill-identification/default.htm>

regulated substances. As an example, khat, a green plant commonly chewed in African and Middle Eastern countries that has a stimulant effect, contains the active ingredient cathinone, a Schedule I controlled substance under 902 KAR 55:015. Ultimately, the substance may have to be tested before it can be determined to contain an

illegal substance. If the substance is controlled under federal law but not under

state law, it may be necessary to take the case to federal authorities for possible prosecution.

Finally, individuals may also be in possession of, and illegally using, medication that is not a controlled substance. If the medication requires a prescription but is not a controlled substance, it is classified as a legend drug under KRS 217. Illegal distribution, trafficking or possession of such substances falls under KRS 217.182, with distribution and trafficking a class A misdemeanor upon a first offense. (Subsequent offenses would be considered a class D felony and possession of legend drugs is a class B misdemeanor.) Legend drugs need not be carried in their original container, however, as controlled substances must be under KRS 218A.210.

Enforcing Kentucky’s drug laws can be a daunting task, and when it comes to new drugs or herbal substances, further investigation may be needed before charges may be placed. Making the additional effort to determine how and when a particular substance is scheduled can only result in stronger cases and more convictions. If a new or unusual drug or drug-like substances comes into your community, discuss the matter with your prosecutor or legal advisor and fully explore all options before making a decision as to the appropriate charge to place, if any.

PHOTO BY ELIZABETH THOMAS

What is that?

Codeine is regulated in several ways, depending upon how it is used. Cough syrup that contains codeine is usually classified as an “exempt codeine preparation” under KRS 218A.190 and may be purchased without a prescription. But it is kept behind the pharmacy counter and the buyer must be an adult. However, the CHFS may specifically prohibit one or more of these preparations from being sold without a prescription if they are identified as being abused. Under Schedule, R indicates it is by regulation and S indicates it is by statute. ■



PHOTO BY ELIZABETH THOMAS

Generic	Brand	Form	Schedule	Purpose
Alprazolam	Xanax	Tablet	IV-R	Anxiety
Amitriptyline	Elavil	Tablet		Depression
Amphetamine	Adderall	Tablet	II-S	Attention Deficit Disorder
Buprenorphine	Burprenex	Injectable	III-R	Pain
see above	Suboxone	Sublingual Film	III-R	Opioid addiction
Butalbital	Fioricet, Esgic	Tablet	EXEMPT	Migraine headache
Carisoprodol	Soma	Tablet	IV-R	Relaxation (pre-surgery)
Chlordiazepoxide	Librium	Capsule	IV-R	Bipolar disorder
Clonazepam	Klonopin	Tablet	IV-R	Seizures, panic disorder
Diazepam	Valium	Tablet	IV-R	Anxiety
Fentanyl	Duragesic	Patch	II-S	Pain
Hydrocodone	Lortab, Vicodin	Tablet	II-R	Pain
Hydromorphone	Dilaudid	Liquid, Tablet	II-R	Pain
Lorazepam	Ativan	Tablet	IV-R	Bipolar disorder
Meperidine	Demerol	Tablet, Oral Solution		Pain
Meprobamate	Miltown, Equanil	Tablet	IV-R	Anxiety
Methadone	Dolophine	Tablet	II-S	Pain, opioid addiction
Methylphenidate	Ritalin	Tablet	II-S	Attention Deficit Disorder
Midazolam	Dormicum	Liquid	IV-R	Sedation (medical use)
Morphine	MS-Contin	Tablet	I or III	Pain
Oxycodone	OxyContin, Percocet	Tablet	II-R	Pain
Oxymorphone	Opana	Tablet	II-R	Pain
Pentazocine	Talwin	Tablet, Injectable	III-R and III-S	Pain
Promethazine	Phenergan	Tablet		Nausea
Propoxyphene	* Darvocet, Darvon	Tablet		Pain
Temazepam	Restoril	Capsule	IV - R	Insomina
Tramadol	Ultracet, Ultram	Tablet	IV-R	Pain
Trazadone	Desyrel	Tablet		Depression
Zolpidem	Ambien	Tablet	IV - R	Sleep disorders

* Darvocet/Darvon is abused, but it is now off the market and officers will see it less and less.